

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

RECEIVED  
JUN 1 2020  
PRO SE OFFICE

Felicia C. Stevens

Write the full name of each plaintiff.

CV

(Include case number if one has been assigned)

-against-

Do you want a jury trial?

Yes  No

Elara Caring

Ester Dimaano / Roving Whitfield

Sandra Marti-Cruz / Ann Marie Martino

Write the full name of each defendant. The names listed above must be identical to those contained in Section I.

**EMPLOYMENT DISCRIMINATION COMPLAINT**

**NOTICE**

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

**I. PARTIES****A. Plaintiff Information**

Provide the following information for each plaintiff named in the complaint. Attach additional pages if needed.

Felicha C Stevens  
 First Name Middle Initial Last Name

1545 Madison Avenue Apt. 3B  
 Street Address

New York NY 10029  
 County, City State Zip Code

347-582-9356 Felicha Stevens@gmail.com  
 Telephone Number Email Address (if available)

**B. Defendant Information**

To the best of your ability, provide addresses where each defendant may be served. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are the same as those listed in the caption. (Proper defendants under employment discrimination statutes are usually employers, labor organizations, or employment agencies.) Attach additional pages if needed.

Defendant 1: Elara Caring  
 Name 70-00 Austin St ste 201, Forest Hills  
 Address where defendant may be served

New York NY 11375  
 County, City State Zip Code

Defendant 2: Sandra Marti - Cruz  
 Name 70-00 Austin St ste 201, Forest Hills  
 Address where defendant may be served

New York NY 11375  
 County, City State Zip Code

Defendant 3:

Ester Dimaano  
Name  
70-00 Austin St ste 201 Forest Hills  
Address where defendant may be served  
New York NY 11375  
County, City State Zip Code

## II. PLACE OF EMPLOYMENT

The address at which I was employed or sought employment by the defendant(s) is:

Elara Caring  
Name  
70-00 Austin St ste 201, Forest Hills  
Address  
New York NY 11375  
County, City State Zip Code

## III. CAUSE OF ACTION

### A. Federal Claims

This employment discrimination lawsuit is brought under (check only the options below that apply in your case):

**Title VII of the Civil Rights Act of 1964**, 42 U.S.C. §§ 2000e to 2000e-17, for employment discrimination on the basis of race, color, religion, sex, or national origin

The defendant discriminated against me because of my (check only those that apply and explain):

race: Black - African American

color: \_\_\_\_\_

religion: \_\_\_\_\_

sex: \_\_\_\_\_

national origin: \_\_\_\_\_

**42 U.S.C. § 1981**, for intentional employment discrimination on the basis of race

My race is: Black - African American

**Age Discrimination in Employment Act of 1967**, 29 U.S.C. §§ 621 to 634, for employment discrimination on the basis of age (40 or older)

I was born in the year: \_\_\_\_\_

**Rehabilitation Act of 1973**, 29 U.S.C. §§ 701 to 796, for employment discrimination on the basis of a disability by an employer that constitutes a program or activity receiving federal financial assistance

My disability or perceived disability is: \_\_\_\_\_

**Americans with Disabilities Act of 1990**, 42 U.S.C. §§ 12101 to 12213, for employment discrimination on the basis of a disability

My disability or perceived disability is: \_\_\_\_\_

**Family and Medical Leave Act of 1993**, 29 U.S.C. §§ 2601 to 2654, for employment discrimination on the basis of leave for qualified medical or family reasons

## B. Other Claims

In addition to my federal claims listed above, I assert claims under:

**New York State Human Rights Law**, N.Y. Exec. Law §§ 290 to 297, for employment discrimination on the basis of age, race, creed, color, national origin, sexual orientation, military status, sex, disability, predisposing genetic characteristics, marital status

**New York City Human Rights Law**, N.Y. City Admin. Code §§ 8-101 to 131, for employment discrimination on the basis of actual or perceived age, race, creed, color, national origin, gender, disability, marital status, partnership status, sexual orientation, alienage, citizenship status

Other (may include other relevant federal, state, city, or county law): \_\_\_\_\_

#### IV. STATEMENT OF CLAIM

##### A. Adverse Employment Action

The defendant or defendants in this case took the following adverse employment actions against me (check only those that apply):

- did not hire me
- terminated my employment
- did not promote me
- did not accommodate my disability
- provided me with terms and conditions of employment different from those of similar employees
- retaliated against me
- harassed me or created a hostile work environment
- other (specify): Nepotism in the workplace, Cronyism in the workplace, Workplace bullying, Progus discipline, Micromanaging, Demeaning and alienating communication, Work interference, Work Sabotage, Ostracizing, Emotional distress, Invasion of Privacy, Mental Anguish, Abuse

B. Facts

State here the facts that support your claim. Attach additional pages if needed. You should physical explain what actions defendants took (or failed to take) because of your protected characteristic, such as your race, disability, age, or religion. Include times and locations, if possible. State whether defendants are continuing to commit these acts against you. Physical, emotional, psychological, and mental distress

Defendants are continuing to commit the acts listed above against me.

Location: 70-00 Austin St ste 201, Forest Hills  
New York, NY 11375

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As additional support for your claim, you may attach any charge of discrimination that you filed with the U.S. Equal Employment Opportunity Commission, the New York State Division of Human Rights, the New York City Commission on Human Rights, or any other government agency.

## V. ADMINISTRATIVE PROCEDURES

For most claims under the federal employment discrimination statutes, before filing a lawsuit, you must first file a charge with the U.S. Equal Employment Opportunity Commission (EEOC) and receive a Notice of Right to Sue.

Did you file a charge of discrimination against the defendant(s) with the EEOC or any other government agency?

Yes (Please attach a copy of the charge to this complaint.)

When did you file your charge? October 9, 2019

No

Have you received a Notice of Right to Sue from the EEOC?

Yes (Please attach a copy of the Notice of Right to Sue.)

What is the date on the Notice? 12/31/2020

When did you receive the Notice? 2/1/2020

No

## VI. RELIEF

The relief I want the court to order is (check only those that apply):

- direct the defendant to hire me
- direct the defendant to re-employ me
- direct the defendant to promote me
- direct the defendant to reasonably accommodate my religion
- direct the defendant to reasonably accommodate my disability
- direct the defendant to (specify) (if you believe you are entitled to money damages, explain that here)

I feel I am entitled to money damages because if I got the job I was entitled to I would be making more money.

## VII. PLAINTIFF'S CERTIFICATION

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I agree to notify the Clerk's Office in writing of any changes to my mailing address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

2/26/2020

Dated



Plaintiff's Signature

Felicia

C

First Name

Middle Initial

Last Name

1545 Madison Avenue Apt. # 3B

Street Address

New York

County, City

NY

State

10029

Zip Code

347-582-9356

Telephone Number

Felicia Stevens@gmail.com

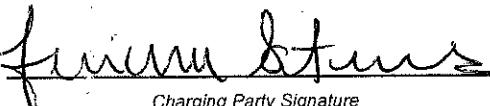
Email Address (if available)

I have read the attached Pro Se (Nonprisoner) Consent to Receive Documents Electronically:

Yes  No

If you do consent to receive documents electronically, submit the completed form with your complaint. If you do not consent, please do not attach the form.

EEOC Form 5 (11/09)

<b>CHARGE OF DISCRIMINATION</b>		Charge Presented To: <input type="checkbox"/> FEPA <input checked="" type="checkbox"/> EEOC Agency(ies) Charge No(s): <b>520-2020-00156</b>	
This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.		and EEOC	
State or local Agency, if any			
Name (indicate Mr., Ms., Mrs.) <b>Felicha Stevens</b>		Home Phone (Incl. Area Code) <b>(646) 882-1858</b>	
Street Address <b>1545 Madison Avenue, Nyc, NY 10029</b>		City, State and ZIP Code	
Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. (If more than two, list under PARTICULARS below.)			
Name <b>ELARA CARING</b>		No. Employees, Members <b>Unknown</b>	Phone No. (Include Area Code) <b>(718) 987-5125</b>
Street Address <b>7-000 Austin St suite 201 Forrest Hills, New York, Queens, NY 11375</b>		City, State and ZIP Code	
Name		No. Employees, Members	Phone No. (Include Area Code)
Street Address		City, State and ZIP Code	
DISCRIMINATION BASED ON (Check appropriate box(es).)			
<input checked="" type="checkbox"/> RACE <input type="checkbox"/> COLOR <input type="checkbox"/> SEX <input type="checkbox"/> RELIGION <input type="checkbox"/> NATIONAL ORIGIN <input type="checkbox"/> RETALIATION <input type="checkbox"/> AGE <input type="checkbox"/> DISABILITY <input type="checkbox"/> GENETIC INFORMATION			
<b>08-19-2019</b>		<b>08-19-2019</b>	
<input checked="" type="checkbox"/> CONTINUING ACTION			
THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)):			
<b>I am a 27-year-old African American female who has worked for the above-named entity since July 2019, most recently as a payroll clerk.</b>			
<b>I was discriminated against by my employer based on my race, African American, when I was singled out for not working as fast as other employees. I was treated unfairly and spoken to in a harsh manner by my supervisor Ester Dimaano. I spoke to upper management and which created a hostile work environment for me. Human resource is conducting a investigation and it is still current as of today. I believe I was single out because I was the only African American working in my department.</b>			
<b>Based on the above, I believe I have been discriminated against in violation of Title VII of the Civil Rights Act of 1964, as amended, and other applicable Federal, state, and local antidiscrimination statutes.</b>			
I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.		NOTARY – When necessary for State and Local Agency Requirements	
I declare under penalty of perjury that the above is true and correct.		I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief. SIGNATURE OF COMPLAINANT	
Oct 09, 2019 Date		 Charging Party Signature	
SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (month, day, year)			



**U.S. EQUAL OPPORTUNITY COMMISSION  
New York District Office**

,33 Whitehall Street, 5<sup>th</sup> Floor  
New York, NY 10004-2112  
For General Information: (800) 669-4000  
District Office: (212) 336-3620  
General FAX: (212) 336-3625

**Felicha Stevens  
1545 Madison Avenue.  
New York, NY 10029**

**Re: EEOC Charge No. 520-2020-00156  
Felicha Stevens v. Elara Caring**

Dear Ms. Stevens,

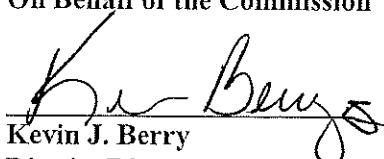
This office is in receipt of your request for a *Notice of Right to Sue* on the above-referenced charge.

Ordinarily, a charging party or his/her counsel is not entitled to receive a *Notice of Right to Sue* upon request until the charge has been pending with the EEOC for at least 180 days. However, an early *Notice of Right to Sue* is authorized by 29 C.F.R. § 1601.28(a)(2) if the Director determines that the Commission will not be able to complete its administrative process within 180 days of the date the charge was filed.

We have reviewed all of the circumstances of this case and have determined that issuing you the requested *Notice of Right to Sue* is warranted at this time. Specifically, given our office's current workload, we have concluded that the EEOC will be unable to complete the processing of this charge within 180 days of the date the charge was filed.

Enclosed is your *Notice of Right to Sue*. If you have any questions, please contact Investigator Christopher Fuentes at (212) 336-3778.

On Behalf of the Commission

  
Kevin J. Berry  
District Director

12/3/19  
Date

## U.S. EQUAL OPPORTUNITY COMMISSION

## NOTICE OF RIGHT TO SUE (ISSUED ON REQUEST)

To: Felicia Stevens  
1545 Madison Avenue  
Nyc, NY 10029

From: New York District Office  
33 Whitehall Street  
5th Floor  
New York, NY 10004

On behalf of person(s) aggrieved whose identity is  
CONFIDENTIAL (29 CFR §1601.7(a))

EEOC Charge No.	EEOC Representative	Telephone No.
520-2020-00156	Christopher Y. Fuentes, Investigator	(929) 506-5300

(See also the additional information enclosed with this form.)

## NOTICE TO THE PERSON AGGRIEVED:

**Title VII of the Civil Rights Act of 1964, the Americans with Disabilities Act (ADA), or the Genetic Information Nondiscrimination Act (GINA):** This is your Notice of Right to Sue, issued under Title VII, the ADA or GINA based on the above-numbered charge. It has been issued at your request. Your lawsuit under Title VII, the ADA or GINA must be filed in a federal or state court WITHIN 90 DAYS of your receipt of this notice; or your right to sue based on this charge will be lost. (The time limit for filing suit based on a claim under state law may be different.)

- More than 180 days have passed since the filing of this charge.
- Less than 180 days have passed since the filing of this charge, but I have determined that it is unlikely that the EEOC will be able to complete its administrative processing within 180 days from the filing of this charge.
- The EEOC is terminating its processing of this charge.
- The EEOC will continue to process this charge.

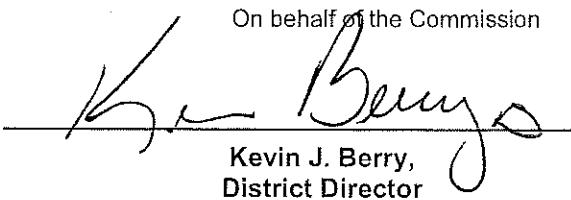
**Age Discrimination in Employment Act (ADEA):** You may sue under the ADEA at any time from 60 days after the charge was filed until 90 days after you receive notice that we have completed action on the charge. In this regard, the paragraph marked below applies to your case:

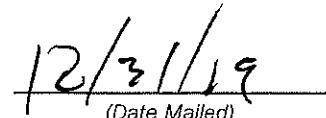
- The EEOC is closing your case. Therefore, your lawsuit under the ADEA must be filed in federal or state court WITHIN 90 DAYS of your receipt of this Notice. Otherwise, your right to sue based on the above-numbered charge will be lost.
- The EEOC is continuing its handling of your ADEA case. However, if 60 days have passed since the filing of the charge, you may file suit in federal or state court under the ADEA at this time.

**Equal Pay Act (EPA):** You already have the right to sue under the EPA (filing an EEOC charge is not required.) EPA suits must be brought in federal or state court within 2 years (3 years for willful violations) of the alleged EPA underpayment. This means that backpay due for any violations that occurred more than 2 years (3 years) before you file suit may not be collectible.

If you file suit, based on this charge, please send a copy of your court complaint to this office.

On behalf of the Commission

  
Kevin J. Berry,  
District Director

  
12/31/19  
(Date Mailed)

Enclosures(s)

CC:

ELARA CARING  
7-000 Austin St ste 201 Forrest Hills, New York  
Queens, NY 11375



**U.S. Equal Employment Opportunity Commission  
New York District Office**

33 Whitehall Street  
5th Floor  
New York, NY 10004  
(929) 506-5270  
TDD: 1-800-669-6820  
Fax: (212) 336-3625  
1-800-669-4000

Respondent: ELARA CARING  
EEOC Charge No.: 520-2020-00156

October 31, 2019

Felicha Stevens  
1545 Madison Avenue  
Nyc, NY 10029

Dear Stevens:

This is to acknowledge receipt of the above-numbered charge of employment discrimination against the above-named respondent. Please use the "EEOC Charge No." listed above whenever you call us about this charge. The information provided indicates that the charge is subject to:

- Title VII of the Civil Rights Act of 1964 (Title VII)
- The Age Discrimination in Employment Act (ADEA)
- The Americans with Disabilities Act (ADA)
- The Equal Pay Act (EPA)
- The Genetic Information Nondiscrimination Act (GINA)

You need do nothing further at this time. We will contact you when we need more information or assistance. A copy of the charge or notice of the charge will be sent to the respondent within 10 days of our receipt of the charge as required by our procedures.

The quickest and most convenient way to obtain the contact information and the status of your charge is to use EEOC's Online Charge Status System, which is available 24/7. You can access the system via this link (<https://publicportal.eeoc.gov/portal>) or by selecting the "My Charge Status" button on EEOC's Homepage ([www.eeoc.gov](http://www.eeoc.gov)). To sign in, enter your EEOC charge number, your zip code and the security response. An informational brochure is enclosed that provides more information about this system and its features.

While your charge is pending, please notify us of any change in your address, or where you can be reached if you have any prolonged absence from home. Your cooperation in this matter is essential.

Sincerely,

---

Christopher Y. Fuentes  
Investigator  
(929) 506-5300

Office Hours: Monday – Friday, 8:30 a.m. - 5:00 p.m.  
[www.eeoc.gov](http://www.eeoc.gov)

Enclosure(s):

FROM:

Felicia Stevens  
1545 Madison Avenue  
Apt. # 3B  
New York, NY 10029

RECEIVED

2020 MAY 19 AM 10:50  
U.S. POSTAL SERVICE  
CITY



1000



U.S. POSTAGE PAID  
FCM LG ENV  
NEW YORK, NY  
10028  
MAR 27, 20  
AMOUNT  
**\$5.35**  
R2304M109953-23

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS. FOLD AT DOTTED LINE  
**CERTIFIED MAIL®**



7019 2970 0002 2039 3310

TO:

Pro se Intake Unit  
Thurgood Marshall  
Courthouse  
40 Centre Street, Room 105  
New York, New York 10007

RECEIVED  
JUN 1 2020  
PRO SE OFFICE

OSMA  
SMA  
DIVISION

Utility Mailer  
10 1/2" x 16"

Ready Post.

